

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10222306

12-02-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7	1					
8		1				
9		1				
10		2				
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13		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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